

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 0016031 STATE FILE NUMBER

VS 300  
Rev. 4/59

0821

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED 01 64**  
a. COUNTY **Pike**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Bowling Green**

Length of stay in 1b  
**2 Years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Sun Set Nursing Home**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Audrain**

c. CITY OR TOWN **Laddonia**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Pearl**

**Shinn**

**McDowell**

4. DATE OF DEATH

Month

Day

Year

**4**

**24**

**1964**

5. SEX  
**F. M.**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**11-27-1882**

9. AGE (last birthday)  
**81**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Telephone Operator**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Audrain County, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U S A**

13a. FATHER'S NAME

**Lawrance Shinn**

13b. MOTHER'S MAIDEN NAME

**Josephine Smith**

14. NAME OF HUSBAND OR WIFE

**Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

**2**

17. INFORMANT

**Nursing Home. Bowling Green, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Inanition and debilitation**

DUE TO (b) **Senile arteriosclerosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH  
**6 weeks**

**1 year**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/17/62 to 4/25/64 and last saw her alive on 4/2/64  
Death occurred at 11:39 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**4-26-1964**

23c. NAME OF CEMETERY OR CREMATORY  
**Vandalia Cemetery**

23d. LOCATION (City, town, or county)  
**Vandalia, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Wilkey-Bienhoff. Laddonia, Mo.**

25. DATE RECD. BY LOCAL REG.

**April 25 '64**

26. REGISTRAR'S SIGNATURE

**Maries E. Williams**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Burial Permit issued 4/25/64

Maiden E. Williams L.R. dist 277

JUN 12 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clyde C. Williams

Licensed Embalmer No. 3820

P. O. Address Derry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.